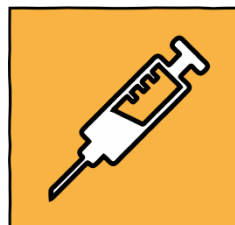


Monitoring the Impact of COVID-19

Homelessness Briefing 10: Focus on winter



Introduction

Since the beginning of the COVID-19 pandemic, Groundswell have been working with people experiencing homelessness, our [#HealthNow](#) partners and various organisations to understand the impact of the pandemic on people who are homeless and ensure that their experiences inform decision-making processes.

In 2020, we released [nine fortnightly briefings](#) and an [overarching report](#) highlighting some of the key issues we have heard during this research.

We continue to document the experience of people who are homeless during the pandemic. This briefing builds the evidence base of the continued impact of the pandemic over the winter months, drawing upon insights gathered from November 2020 to January 2021.

What is the policy context?

Since October 2020, we have seen an increase in the number of COVID-19 cases across the UK. It was recently reported that there have been [100,000 deaths recorded](#) across the country due to the virus. The extra challenges of the cold weather and new variants of the virus has led to the Government placing the UK in a national lockdown since early January.

Over the winter period, night shelters that were able to provide COVID safe accommodation have been operating at a reduced capacity and with additional safety precautions, based on operational guidance released by the Government. Importantly, Ministry of Housing, Communities and Local Government (MHCLG) announced additional £10 million to support local authorities to accommodate rough sleepers and to support people to [register at GP's](#) in order to receive the COVID-19 vaccination. [NHSE/I are working on a campaign](#) to ensure that people who are homeless are aware of their right to register with a GP and that GP practices are primed to ensure they do not refuse registration on the grounds of lack of ID, proof of address or immigration status.

Recent weeks has seen a concentrated focus on vaccinating people with the aim to reach 15 million people by mid-February. Concern has been raised about the barriers to accessing the



vaccine for people who are experiencing homelessness with some calling on JCVI to add people who are homeless.

The [Joint Committee on Vaccination and Immunisation \(JCVI\) guidance](#) on priority groups for the COVID does not identify people experiencing homelessness as a separate priority group. However, it states that “Implementation should also involve flexibility in vaccine deployment at a local level with due attention to mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity”. The role of health inequalities and homelessness. [Annex A](#) outlines consideration that should be given to health inequalities and inclusion health and also states “targeted action focussed on some population groups is required”.

The Department of Health and Social Care (DHSC) released the UK [vaccination delivery plan](#) which reasserts that implementation should involve flexibility at a local level e.g. “The mobile model (where ‘roving’ vaccination teams bring the vaccine directly to individuals) which is being used to support the vaccination of care home residents and workers could be extended to more groups in time such as those experiencing homelessness”.

We have seen instances of where this [flexible approach](#) has been taken to ensure access to the vaccine and mitigate health inequality for people who are homeless.

Policy timeline

11 October - MHCLG release [operational guidance](#) for night shelter provision during COVID-19.

13 October - MHCLG announce [£10 million Cold Weather Fund](#) to support councils to provide more self-contained accommodation.

19 December - Government announce [tier 4 restrictions](#) for some areas of England, including new shielding advice for these areas.

4 January - Government announces implementation of a [national lockdown](#).

8 January - MHCLG announce [£10 million to support local authorities](#) to accommodate rough sleepers and support people to get registered to GP and an extension to the ban on bailiff evictions for at least 6 more weeks.

11 January - DHSC release COVID-19 vaccination [delivery plan](#).

26 January - Some local authorities begin to [prioritise vaccinating](#) people who are homeless.

What are we hearing?

1. Accommodation

Without the commitment to another '[Everyone In](#)' scheme, there were clear concerns over the availability and suitability of accommodation provision during the winter months. This was especially concerning as we entered a new national lockdown. We heard from people facing significant challenges to maintaining and accessing accommodation, others expressed worries due to the precariousness of their accommodation situation and how long they could remain in their current accommodation.

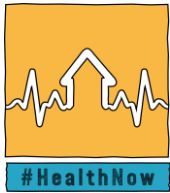
“They haven’t told me I have to be out at any point, but they haven’t told me I’m going to get a place”.

“There is definitely anxiety amongst those in the homeless community who have benefited from not just a roof over their head but a roof not in a hostel. Some of these people are entrenched homeless and have not come off the streets in the past because they can’t handle the institutional and dysfunctional atmosphere and living conditions in hostels”.

For those who had been accommodated through 'Everyone In', several people were concerned about how long this would continue and felt there was a lack of clarity about their future situation. One person described being placed in accommodation, but also losing the support from their Case Worker in the process.

“My Case Worker was really good. I had him as a Case Worker, but he just disappeared one day and his mobile is dead. Where is he? I got put in a hotel to start with and the hotel was ok”.

We heard about people who had remained on the street during the winter months. Others described being accommodated for a short period of time and then facing a return to the streets.



“Lady had no recourse to public funds (NRPF) and was on the street, she has a son and has not been placed in any accommodation. She has been on the streets for 4 months now”.

“I have noticed an increase in calls from people who are desperate for help in finding accommodation. Today I took a call from a woman who was desperately calling any organisation she could as she was about to be made homeless and had mental health needs but is told she isn’t a priority. So hard not to be able to help knowing how cold it is and that there is a fast-spreading strain of COVID out there”.

“They put me in a hotel for 3 months then put me on the streets again”.

We also heard from people who were placed in emergency accommodation during the pandemic who were concerned about the cost of emergency accommodation and would prefer the money to fund longer term cheaper tenancies.

“It cost over a thousand pounds a week to stay in these pods...I think they are keeping us here as long as possible...Why don’t they pay 5 or 6 hundred and put us in two bedrooms”.

However, people often felt that support and the focus on ensuring people were provided with accommodation was wavering.

“The blokes who are meant to be street homeless have been put into really shit hotels and everyone who is street homeless is not enjoying themselves because they don’t think ‘oh I’m safe’ they are worried about being chucked out on the streets. When middle class people stop being worried about homeless people, we are all going to get thrown back on the streets”.

Mobile report – “Our 15 Minutes of Fame Was Just That” by Paul Atherton FRSA

“...But those early day headlines in Lockdown 1 of ‘we are going to fix homelessness’ had done their job – the public believed them and it was time to move on.

So it comes as absolutely no surprise to me whatsoever that ‘Everyone In’ is not being extended and that there is little media furore around the failure. I myself have almost been returned to the streets by bureaucracy last night (6th January 2021), having been given just another month inside after some 11th hour legal action and calls from Journalist friends to Westminster Council.

I’m now sitting like a condemned man on death row in my emergency accommodation, waiting for my sentence of “frozen until dead” on 6th February 2021. I could get not one journalist to cover my new story.

Those of us who were homeless were a useful tool to bash the government with last year. This year we’ll be lucky to get a footnote.”

Read Paul’s full report [here](#).

We heard from people who remained in their existing temporary accommodation and felt that the pandemic had caused delays to the availability of and access to information on independent accommodation.

“I’m waiting for a move on and that’s not happened because of COVID. I was due to move on, but everything has been put on hold”.

“I was going to be moved on before this happened [the pandemic] but no one’s talked about it since. I’ve been here 4 years now”.

Despite the barriers and challenges people faced in relation to accommodation, people also reflected on some of the positive effects that the pandemic had on their situation.

“None of us have been going out and it has worked because we all get on with each other. It’s a bit like that blitz spirit. What’s good for me is that we’ve got that positive attitude back again because we’ve realised that someone cares...There’s quite a few positive things that have come out of COVID. People are caring more and its causing social change”.

2. COVID-19 prevention and response

Throughout the pandemic, we wanted to understand not only how the virus impacted people experiencing homelessness but also the impact of the pandemic response. The prevention of the virus through social distancing, test and trace and shielding for those deemed as the most clinically vulnerable were key tenants of the Governments pandemic



response. More recently, the roll-out of vaccinations has begun across the UK focusing on several priority groups.

People have mixed views on the vaccine and if they will accept it, we heard from several people who described a lack of confidence in the vaccine which acted as a deterrent.

“It’s not that I don’t have confidence in it but I’m worried about it. Let’s be honest most drugs that come on the market take 10 years to develop”.

“It’s going to get worse and I don’t think the vaccine will work. They haven’t testing it so how do they know it will work. It won’t will it. Not like they think it will”.

Most commonly, people noted the speed in which the vaccine was developed as an area of concern, highlighting the need for clearer information about the development and testing process. There was an overall sense that misinformation was being communicated through ‘conspiracy theories’.

“There’s a lot of conspiracy theories going around, but I don’t really believe them. I think this thing is real”.

On the other hand, some people felt that they should have the opportunity to have the vaccine as a priority or indicated that they would accept the vaccine if offered.

“I think that people should be vaccinated in order of merit. Maybe homeless should be put as a priority”.

“I think that life will never be normal again. The vaccine could change everything. I would take it and it should help to minimise the situation”.

We also wanted to understand how people experiencing homelessness were able to use testing when experiencing COVID-19 symptoms. Despite many people reporting that they were symptomatic, very few had accessed a test.

“I’ve had a lot of symptoms but it’s difficult to know. I had a really bad cough and temperature, so I stayed away from people, so I was isolating myself because I didn’t want anyone else to catch it”.

“I have got symptoms at the moment. I went to the doctor, phone consultation. Because of my symptoms the doctor said I probably haven’t got it. I’m not isolating or shielding”.

We also heard from people who needed to break social distancing guidance to access the technology to book a test when they were symptomatic.

“I booked the appointment online in the library. I booked the appointment because I had symptoms”.



The lack of access to technology is a significant issue for people experiencing homelessness, specifically during the pandemic when a plethora of services and support have moved to remote delivery. People have reported that a reliance on services for digital delivery prevents them from accessing housing, health care, support, and benefits.

“Digital discrimination. It’s a big issue. I don’t have access to the internet. I would use it if I had access to it”.

“Everything was electronic. The application process everyone assumes that people have access to the correct technology which I don’t...Many people are having problems with universal credit because they don’t have access to technology”.

For those who did have access to the required technology, ensuring that they had enough credit or data was problematic.

“Sometimes I don’t have credit and have to ask my support worker to get an appointment for me”.

3. Health and wellbeing

The pandemic has had a significant impact on people’s overall health and wellbeing, more so health and social care services have rapidly shifted to new models of working, centred on the use of digital and remote care. This is the area where most people have expressed concerns or challenges when trying to access services.

“...lack of thorough response from the service providers in the first instance leading to writing of several emails and letters. This in itself is time consuming, frustrating and inefficient”.

Primary care

Difficulty accessing support from the GP was a common theme from those we spoke to. People are finding it more difficult to get appointments and also feel that they are discouraged from calling their practice.

“Hard to get hold of. Massive COVID message at the beginning was basically telling you not to come in”.

“I phone the doctor and made the appointment. Sent a photo of my thumb in that was affected and they just didn’t call back. That’s the only time I’ve called doctor and they didn’t call back. Next time I won’t call them”.

The impact of digital and remote service provision was also identified as a key barrier to accessing GP services, alongside continued issues of registration due to lack of ID.

“I can’t get onto the GP website. As I don’t have a fixed address and no photo ID I can’t register for the online service”.



“One time he missed the call back and didn’t have credit to phone back so he didn’t get the appointment”.

Overall, the majority of people we spoke to suggested that they would prefer face-to-face appointments rather than telephone or online appointments.

“They don’t take a lot of time at the doctors to listen to you on the phone...they do listen to you but it’s not as effective when you talk to them on the phone”.

Furthermore, people often expressed concerns in the effectiveness of assessment and diagnosis through remote methods, feeling that without seeing a person a GP would not be able to make an accurate assessment of their condition.

“How do they know what’s wrong with you, when they can’t see you and examine you...I understand it for something things but for other things it could mean that someone dies because the doctor hasn’t seen them properly”.

“No, I’ve only had one appointment. I wouldn’t go again unless my leg was hanging off. I don’t think they know what’s wrong with you on the phone. Someone I know had to examine themselves...How can that be right if you don’t know what you’re doing”.

People described mixed experiences of patient care and staff approach from their GP during this time, with some people identifying largely positive experiences of care and others feeling they are not listened to by their GP.

“I even had a GP ring me every Thursday. It means a hell of a lot to me. I feel good after he rings me...That call is from a homeless GP practice”.

Access has also been an issue for people when trying to seek treatment from their dentist and optician during the pandemic. In some cases, this has led to people taking matters into their own hands, for example, removing a tooth which was causing them pain when they couldn’t reach their dentist.

“I haven’t seen the dentist in over a year, and I have toothache, but I can’t get an appointment”.

“Even worse now to register- they say no to new patients due to COVID. My teeth wreck and I can’t go to the dental hospital either as it isn’t an emergency”.

“I can’t go to the walk in to get my glasses adjusted. Now I have to book an appointment. This is awkward they take forever to answer the phone”.

However, in other areas of primary care, such as pharmacy services, people have reported improvements in their patient experience. This was particularly in relation to the staff approach and the increased flexibility offered by their pharmacy when accessing and explaining prescriptions.

“I don’t have to collect anymore as they deliver”.



“Pharmacy was more easier to access and more available when we need them”.

Secondary care

The pandemic has also led to changes in the way specialist care is accessed and delivered. People have told us instances of where hospital treatment and procedures have been cancelled or delayed. They also described poor communications of these changes resulting in a lack of clarity about their ongoing healthcare and causing further anxiety.

“They changed majorly because of the wait times and lack of communication. Even if they were to message me...let me know why I haven’t had an appointment yet. I understand that hospitals get backed up especially because of the pandemic, but it’s really hard having no communication. People say no news is good news – not in this case it makes my anxiety worse”.

“I’ve not been able to access the hospital. I’ve been waiting and waiting for appointments and not get anywhere as usual. It’s a waiting game”.

People also reported delays in access to treatment from recovery and mental health services.

“I got promised detox through [organisation] and nothing happened. They are a waste of time. They promised me detox and they just didn’t come through. I did a lot of running about to get into detox in June, but I probably didn’t get in because of COVID”.

“It’s been hard on mental health. All the services to help have been closed”.

“The mental health service is scaled down to acute care only for lockdown. I’m no longer acute, support and appointments are cancelled. I have no energy for outrage. Feel a mixture of relief and foreboding” – Read Anne’s full report [here](#).

4. Food insecurity

Access to adequate food continues to be a key issue for those we have heard from. People report that they do not have adequate food due to the lack of financial means to buy it and describe the impacts this has on both their physical and emotional wellbeing.

“My health is struggling as they haven’t had enough money to eat for the week”.

“It has affected my sleep as I only get a £35 voucher. It is not enough but I am trying to make it work”.

“There was a period of time when I was struggling to get enough food for me and the kids”.



This was a particular issue for those who were currently rough sleeping and often relied on public footfall to make ends meet.

“The thing about being on the streets is its fucking expensive. You can’t get some cheap food for your cupboard”.

“He finds it difficult to get money because nobody has cash on the streets and “people are too scared, but they won’t talk to you””.

It wasn’t solely people who were rough sleeping that explained how their access to food had changed as a result of the pandemic. We heard from people who despite being in emergency or temporary accommodation experienced significant challenges to accessing enough food.

“When I was in the hotel, I lost 7-8 kilos due to not being able to cook without a kitchen”.

“The food is not good in the hostel. Ill beg sometimes for catch and people might give me a sandwich”.

“Many people have to go to day centres to eat because their service charge is £27 a week”.

Other people explained how the services they used to rely on to ensure they had sufficient food were no longer operating.

“I used to hang at a place called [organisation name]. You get free dinner, morning breakfast and there’s a pool table. There’s a washroom there. I knocked and knocked and nobody answered”.

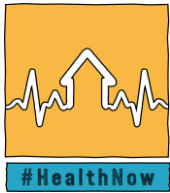
Overall, issues around food security were largely perpetuated by lack of income and in some cases as a direct result of benefit sanctions or reductions to benefit entitlements.

“Hasn’t been able to get benefits because he was sanctioned by the DWP. They asked me to come in every day to the job centre because I was sleeping rough”.

Important considerations

These insights highlight the need for key questions so be raised in relation to homelessness and the continued COVID-19 response. Local decision-makers and service providers should consider:

- Do you know what is your local vaccination plan for people who are homeless? Is the plan flexible to mitigate health inequality in the way suggested in the [DHSC Vaccine Roll Out Plan](#)?
- Are all people experiencing homelessness in your area registered at a GP practice with up-to-date contact information? Have they been assessed for [clinical vulnerability or pre-existing medical conditions](#)?



- Do people who are experiencing homelessness have access to [accessible information about the vaccine](#) and how to get it?
- What steps are in place to support people to access digital and remote support?
- Are your pathways to accommodation clear for:
 - people who have been asked to leave temporary accommodation
 - people who chose not to return to hostel accommodation
 - people who are newly homeless
 - people leaving institutions (such as prison)?
- Have you ensured that people moving to different areas have proper access to services and support in their new accommodation (such as [registering at a local GP](#))?
- Are you being clear and transparent with people about how long they can stay in new accommodation to address the impact of uncertainty on their emotional wellbeing?

What next?

We are continuing to talk to people experiencing homelessness about their experiences of the pandemic. You can find out more about how you can get involved with this project [here](#).

Insights from our [#HealthNow](#) peer-led research will be shared in local reports to support the development and implementation of clear action plans.

We have recently released new guidance about vaccinations for people experiencing homelessness which can be found [here](#). NHSE have recently began the roll out of the 'your right to healthcare' cards to support people to [register at their GP](#).

If you want regular updates about this project and other related work, please subscribe to our [#HealthNow](#) newsletter [here](#).